## **DOMESTIC**

N	NONPRO	OFIT CORPORATION				
	STA	ATE OF MAINE				
A	ARTIC	LES OF MERGER				
	(Mer	ged Maine Corporation)	Deputy Secretary of State			
		INTO	A True Copy When Attested By Signature			
(Surviving Maine Corporation)			Deputy Secretary of State			
Pursuant to 13	-B MRSA	§904 or 13 MRSA §961, the undersigned co	rporations execute and deliver the following Articles of Merger:			
FIRST:		completed by the surviving corporation: ne box only.)				
SECOND:	The pl	lan of merger is set forth in Exhibit attach	ed hereto and made a part hereof.			
THIRD:	,	("X" one box only for each corporation.) As to each participating corporation, the plan of merger was adopted in the following manner:				
		Name of Corporation				
		By the members at a meeting on (date) _ such plan received at least a majority of the	, at which a quorum was present and e votes which members were entitled to cast.			
		If the Articles of Incorporation require more than a majority vote, by the members at a meeting on (date)  and such plan received at least the percentage of votes of the members				
			members entitled to vote with respect thereto, dated solution of the board of directors.			
		There being no members, or no members entitled to vote thereon, the plan was adopted by a majority vote of the board of directors in office at a meeting held on				
		Name of Corporation				
		By the members at a meeting on (date) _ such plan received at least a majority of the	, at which a quorum was present and e votes which members were entitled to cast.			
		If the Articles of Incorporation require more than a majority vote, by the members at a meeting on (date)  and such plan received at least the percentage of votes of the members				
		By the written consent of all without re	members entitled to vote with respect thereto, dated solution of the board of directors.			
		There being no members, or no members	entitled to vote thereon, the plan was adopted by a majority vote of sheld on			

Minimum Fee \$25.00 (See §1401)

URTH:	The address of the registered office of the surviving corporation in the State of Maine is				
	(street, city	y, state and zip code)			
	The address of the registered office of the merged corporation in the State of Maine is				
FTH:	Effective date of the merger (if later than date of filing of Articles) is				
	(Not to exceed 60 day	vs from date of filing	of the Articles)		
ATED			(surviving corporation)		
		ψD			
MUST BE COMPLETED FOR VOTE OF MEMBERS		*By	(signature)		
I certify that I have custody of the minutes showing the above action by the members.  (name of corporation)		*D	(type or print name and capacity)		
		*By	(signature)		
(s	ignature of clerk, secretary or asst. secretary)		(type or print name and capacity)		
TFD					
			(merged corporation)		
MUST BE COMPLETED FOR VOTE OF MEMBERS		*By	(signature)		
I certify that I have custody of the minutes showing the above action by the members.			(type or print name and capacity)		
	(name of corporation)	*By	(signature)		
(s	ignature of clerk, secretary or asst. secretary)		(type or print name and capacity)		
(5	Similar of violity sociously of assist sociously)	J			

Please remit your payment made payable to the Maine Secretary of State.

<sup>\*</sup>This document MUST be signed by any duly authorized officer. (13-B MRSA §104.1.B)